



AFFIDAVIT OF DOMESTIC PARTNERSHIP

Section 1

I, _____, certify that I, and _____
(name of employee) name of domestic partner (print)
are domestic partners, and we:

1. currently share the same regular and permanent residence, and
2. have a close personal relationship, and
3. are jointly responsible for "basic living expenses," as defined below, and
4. are not married to anyone, and
5. are each eighteen (18) years of age or older, and
6. are not related by blood closer than would bar marriage in the state of Washington, and
7. were mentally competent to consent to contract when our domestic partnership began, and
8. are each other's sole domestic partner and are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter, and any other expenses of a Domestic Partner which are paid at least in part by a program or benefit for which the partner qualified because of the Domestic Partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

Section II

- A. I understand that this Affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in this Affidavit.

I agree to notify the Human Resources Department if there is any change of circumstances attested to in this Affidavit within thirty (30) days of change by filing a State of Termination of Domestic Partnership.

- B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a State of Termination of Domestic Partnership has been filed with the Human Resources Department, unless such termination is due to marriage to my domestic partner.

Section III

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Domestic Partnership.

We also certify under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.

Taxable values for domestic partners apply if the county pays for your health benefits (medical, dental and vision). They do not apply if you pay for your health benefits.

If you receive county-paid health benefits there is no cost to you to include a domestic partner (DP) and DP's children for coverage, but the IRS taxes you on the value of the coverage. The value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income tax is withheld on the higher salary amount and then the value is subtracted from your salary.

I, _____, the undersigned Employee, understand that willful falsification of
(name of employee)
information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee

Signature of Domestic Partner

Address

Address

Employing Unit (Department)

Department (if an Employee)

Date

Date